

Week Ending: March 11, 2017

Disease Surveillance & Risk Report

No Report No Activity Sporadic Local Regional Widespread Severe

DEFINTION of Influenza-like or Flu-Like Illness: (ILI):

1) Fever > 100°F measured with a thermometer AND (2) Cough AND/OR sore throat in the absence of a known cause other than influenza

Madison County Flu Activity

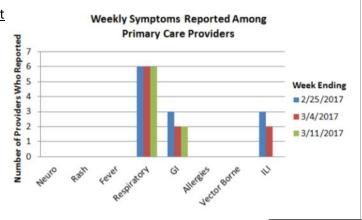
Flu Activity for the week 10, ending 3/11/17: Widespread

- <u>Lab-confirmed flu</u>: 38 laboratory confirmed flu (22 flu Type A and 16 flu Type B) were reported. The season total to date of reported flu cases is: 314.
 - flu en seen by school
- <u>Schools Districts*</u>: 0.7% of children seen by school nurses appeared with symptoms of influenza-like illness.
- <u>College Health Centers*:</u> No report due to school break
- Primary Care Providers*: ILI and flu reported
- New York State Hospital Report (HERDS): Two flu related hospitalization reported by hospitals in Madison County for week 10. A total of 26 flurelated hospitalizations have been reported this season to date in Madison County.

Madison County Disease Surveillance Updates

Reports for the week ending 3/11/17:

- <u>Communicable Diseases Reported to the Health Department</u>: 2 Chlamydia, 3 chronic Hepatitis C, and 1 group B strep
- <u>Primary Care Providers Reported*:</u> Respiratory infections, gastrointestinal illness (GI), upper respiratory infections (URI), strep throat, sore throats, and sinus infections (sinusitis)
- College Health Centers*: No report due to school break
- Schools Districts*: Ear infections, colds, lice, pink eye, sore throats, GI, URI, and coughs
- <u>Hospital Weekly Surveillance*:</u> Flu, ILI, respiratory illness, GI, URI, fever, rash, pneumonia, strep throat, respiratory syncytial virus (RSV), and COPD exacerbations
- Syndromic Surveillance in Emergency Departments 3/6/17 to 3/11/17: No reports
- Medicaid Over-the-Counter (OTC) & Script Medication Alerts—2/17/17 to 2/26/17: Mild to moderate sensitivity for 1st and 2nd Generation Cephalosporin's and Influenza Agents (antivirals)



^{*}Information denoted with an asterisk is subjective and provided on a voluntary basis.

^{**}Neurologic can include non-specific diagnosis of neurological infection (e.g. Meningitis, Encephalitis, etc.) or non-specific conditions (e.g. headache, numbness, dizziness, blurry/double vision, speech difficulty, confusion, disorientation, or anxiety)

Week Ending: March 11, 2017



Disease Surveillance & Risk Report

Sporadic

No Activity

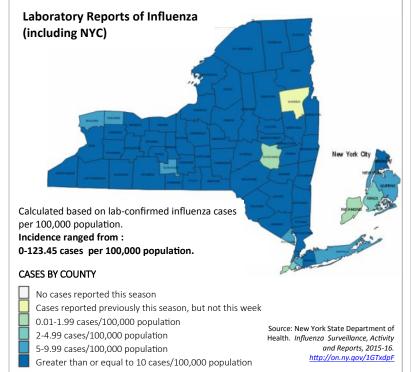
Widespread

New York State Flu Activity

No Report

Flu Activity for the week ending 3/4/17 (week 9): Widespread

- <u>Lab-Confirmed Flu:</u> 3,129, a 40% *decrease* over last week. Flu was reported in 61 counties.
- <u>Flu-Related Hospitalizations:</u> 552 reports, a 41% decrease over last week.
- A select group of providers across the state (outside of NYC) reported the percentage of office visits due to complaints of flu-like illness (ILI) was 3.39%; this is a decrease from last week, but remains above the regional baseline of 3.0%.
- <u>Flu-Associated Pediatric Deaths</u>: No reports this week. There have been seven flu-associated deaths this season to date.



United States Flu Activity

Flu Activity for the week ending 3/4/17 (week 9): Widespread

Regional

Flu activity decreased but remained elevated.
Geographic Flu Activity Summary (Fig. 1):

- Widespread influenza activity was reported by Puerto Rico and 39 states.
- Regional influenza activity was reported by Guam and eight states.
- Local influenza activity was reported by the District of Columbia and two states.
- Sporadic influenza activity was reported by one state; No influenza activity was reported by the U.S. Virgin Islands.

Surveillance Summary:

Local

- 14 states experienced high ILI activity; 12 states experienced moderate ILI activity; eight states experienced low ILI activity; New York City, Puerto Rico, and 16 states experienced minimal ILI activity (Fig 2).
- Based on pneumonia and influenza (P&I)
 mortality data, 8% of deaths during week 7
 were due to P&I; this is above the epidemic
 threshold of 7.5% for week 7.
- A cumulative rate for the season of 43.5 lab-confirmed flu-associated hospitalizations per 100,000 population was reported.
- Outpatient illness visits reported through the U.S. ILI Network was 3.6%, a decrease from week 6 but *above* the national baseline of 2.2%. Eight of 10 U.S. regions reported ILI *at* or *above* their region-specific baselines.
- Eight flu-associated pediatric deaths were reported. To date, 48 deaths have been reported for the 2016-17 flu season.

Figure 1: Geographic Spread of Influenza as
Assessed by State and Territorial Epidemiologists
(This figure does not measure the severity of influenza activity.)

Severe

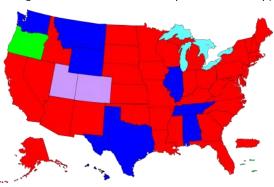
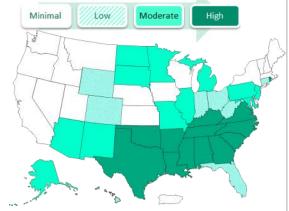


Figure. 2: ILI Activity from ILINet Data



ILI Net Data based on percent of outpatient visits in states due to ILI, more on Fig. 2 at: http://l.usa.gov/ld3PGtv

Sources: FluView: Weekly U.S. Influenza and Surveillance Report. Centers for Disease Control and Prevention. http://l.usa.gov/leDDFhh

Page 2 of 2